



Immunization Religious Exemption Letter

School Year _____

Student Name (Print) _____ Date of Birth _____
Student Grade _____ School Attending _____

Parent Statement:

I would like to request that my child be excused from the state immunization requirement based on the following reasons:

_____ in accordance with Indiana Code 20-34-3-2.

Parent Name (Print) _____

Parent Signature _____

Date _____

STATE POLICY ON RELIGIOUS EXEMPTION TO IMMUNIZATION

Indiana Code 20-34-3-2

Immunization Exception for Religious Objection:

"Except as otherwise provided, a school child may not be required to undergo any testing, examination, immunization, or treatment required under this chapter when the child's parent objects on a religious grounds. A religious exemption does not exempt a child from any testing, examination, immunization, or treatment required under this chapter unless the objection is:

1. made in writing;
2. signed by the child's parent; and
3. delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or treatment absent the objection."

The written document, signed by the parent, must state that the objection to immunization is based on religious grounds. There is no requirement that the statement must be from the pastor of a church, appear on church letterhead, or provide proof that they are members of a religious organization. The Indiana State Department of Health policy requires that the written statement be verified by the parent each year.